

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

Page 1 of 3

INSPECTION	R&N	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	5 A	8/9/2017	Winchell's Donut House - Agaña	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER
Complaint	<input checked="" type="checkbox"/>			2:00 PM	4:30 PM	Denny's of Guam, Inc.
Investigation				SANITARY PERMIT NO.		LOCATION (Address)
Other:				170000896	Lot 8 Blk 1, Agaña, Guam	
ESTABLISHMENT TYPE				AREA	TELEPHONE	
Skin Stand				8	477-9342	
				No. of Risk Factor/Intervention Violations	0	
				No. of Repeat Risk Factor/Intervention Violations	0	
				RISK CATEGORY		
				2		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Supervision					
1	<input checked="" type="checkbox"/> IN	OUT			6
Person in charge present, demonstrates knowledge, and performs duties					
Employee Health					
2	<input checked="" type="checkbox"/> IN	OUT			6
Management awareness; policy present					
3	<input checked="" type="checkbox"/> IN	OUT			6
Proper use of reporting, restriction & exclusion					
Good Hygienic Practices					
4	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper eating, tasting, drinking, betelnut, or tobacco use					
5	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
6	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Hands clean and properly washed					
7	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed					
8	<input checked="" type="checkbox"/> IN	OUT			6
Adequate handwashing facilities supplied & accessible					
Approved Source					
9	<input checked="" type="checkbox"/> IN	OUT			6
Food obtained from approved source					
10	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Food received at proper temperature					
11	<input checked="" type="checkbox"/> IN	OUT			6
Food in good condition, safe, and unadulterated					
12	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Required records available: shellstock tags, parasite destruction					
Protection from Contamination					
13	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Food separated and protected					
14	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Food contact surfaces: cleaned & sanitized					
15	<input checked="" type="checkbox"/> IN	OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food					

Compliance Status			COS	R	PTS
Potentially Hazardous Food (TCS Food)					
16	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper cooking time and temperatures					
17	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper reheating procedures for hot holding					
18	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper cooling time and temperatures					
19	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper hot holding temperatures					
20	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Proper cold holding temperatures					
21	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper date marking and disposition					
Consumer Advisory					
22	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Consumer Advisory provided for raw or undercooked foods					
Highly Susceptible Populations					
23	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Pasteurized foods used; prohibited foods not offered					
Chemical					
24	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Food additives: approved and properly used					
25	<input checked="" type="checkbox"/> IN	OUT			6
Toxic substances properly identified, stored, used					
Conformance with Approved Procedures					
26	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Compliance with variance, specialized process, and HACCP plan					

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Safe Food and Water					
27		Pasteurized eggs used where required			1
28		Water and Ice from approved source			2
29		Variance obtained for specialized processing methods			1
Food Temperature Control					
30		Proper cooling methods used; adequate equipment for temperature control			1
31		Plant food properly cooked for hot holding			1
32		Approved thawing methods used			1
33		Thermometer provided and accurate			1
Food Identification					
34		Food properly labeled; original container			1
Prevention of Food Contamination					
35		Insects, rodents, and animals not present			2
36		Contamination prevented during food preparation, storage & display			1
37		Personal cleanliness			1
38		Wiping cloths: properly used and stored			1
39		Washing fruits and vegetables			1

Compliance Status			COS	R	PTS
Proper Use of Utensils					
40		In-use utensils: properly stored			1
41		Utensils, equipment and linens: properly stored, dried, handled			1
42		Single-use/single-service articles: properly stored, used			1
43		Gloves used properly			1
Utensils, Equipment and Vending					
44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean			1
Physical Facilities					
47		Hot & cold water available, adequate pressure			2
48	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices			2
49		Sewage and wastewater properly disposed			2
50		Toilet facilities: properly constructed, supplied, & cleaned			2
51		Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean			1
53		Adequate ventilation and lighting: designated areas use			1
Documents and Placards					
54		Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) William

Date: 8/9/17

DEH Inspector (Print and Sign) Benjamin Mitchell J. Garcia

Follow-up (Circle one): YES NO

Follow-up Date: 9/9/17

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Page 2 of 3

ESTABLISHMENT NAME WANCHILL'S DONUT HOUSE - Agaña		LOCATION (Address) LOT 8 BLK 1, AGAÑA, GUAM
INSPECTION DATE 8 / 9 / 2017	SANITARY PERMIT NO. 170000 896	PERMIT HOLDER DEMMY'S OF GUAM, INC.

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
File / front service counter	150°F		
chicken noodle soup / front service counter	186°F		
clam chowder / front service counter	168°F		
Turkey slices / front service prep chiller	40°F		
Ham - cooked / front service prep chiller	38°F		
Prime Rib - cooked / front service prep chiller	40°F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. (#17-07A)

	A REGULAR INSPECTION WAS CONDUCTED BASED ON A COMPLAINT REGARDING FOUL ODORS & GENERAL UNCLEANLINESS DUE TO HOMELESS PEOPLE. THE CLAIM IS UNSUBSTANTIATED. NO EVIDENCE OF FOUL ODORS OR DIRTY AREAS OBSERVED DURING TIME OF INSPECTION. PREVIOUS ASSESSMENT CONDUCTED ON 6/8/16 NO GRADE / RATING ISSUED. THE FOLLOWING VIOLATIONS WERE OBSERVED.	
45	NO TEST STRIPS FOR 3-COMPARTMENT SINK. TEST STRIPS SHALL BE PROVIDED TO ENSURE EFFICACY OF SANITIZING SOLUTION.	9/4/17
46	NON-FOOD CONTACT SHELVING UNCLEAN. & NON FOOD CONTACT SURFACES SHALL BE KEPT CLEAN TO PREVENT CROSS-CONTAMINATION.	9/4/17
48	NO BACKFLOW PREVENTER PROVIDED FOR 3-COMPARTMENT SINK. A BACKFLOW PREVENTER SHALL BE PROVIDED TO PREVENT CROSS CONTAMINATION & THE BACK-UP OF SEWAGE.	9/4/17

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Rosalinda Williams	Date: 8/9/17
DEH Inspector (Print and Sign) Dorien Mitchem	Date: 8/11/17

Page 3 of 3